

Division of Lifelong Learning



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Dear Faculty:

Thank you for expressing an interest in the Travel Study Program offered by the Division of Lifelong Learning. What follows is a brief description of the program, a preparatory checklist, and a set of documents and forms designed to help you achieve a safe and successful travel outcome for you and your students.

We are here to assist you with your course. We will make the appropriate travel-related expenditures for your trip, while your responsibility will be to make the necessary travel arrangements. We will seek to ensure that all University and System policies and procedures are followed for the safety of you and your students.

Included are the forms that you need to complete and place on file with our office prior to any payment of expenses and deposits, including: Student Intent Form, Release and Assumption of Risk Form, Traveler Emergency Contact Information Form, Travel Course Fee Request Form, Assumption of Responsibility for Non-Emergency Cost Overruns, Travel Course Hazard Review/Safety Management Plan, and Health Insurance Information Form.

If you are interested in offering a Travel Study course, take the first step and contact our office. Please remember that we are here to help you and your students have a safe and successful experience.

Monique LaRocque
Associate Provost
Division of Lifelong Learning

Jessie Daniels
Director of Operations
Division of Lifelong Learning

Cindy Barnes
Financial Manager
Division of Lifelong Learning

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University of Maine Division of Lifelong Learning Travel Study Important University of Maine Contact Information

Name	Title	Phone	Fax	Email
Monique LaRocque	Associate Provost, DLL	207.581.3113	207.581.3392	mlarocque@maine.edu
Jessie Daniels	Director of Operations, DLL	207.581.1615	207.581.3392	jessie.daniels@maine.edu
Cindy Barnes	Financial Manager	207.581.3595	207.581.3141	cynthia.barnes@maine.edu

If you are unable to reach the University during normal business hours, ask the University of Maine Police Department dispatcher to contact the administrator on 24-hour emergency call duty.

Contact	Phone	Fax	Website
University Police Department	207.581.4040	207.581.4119	umaine.edu/police
Student Health Services (after hours, nights, & weekends)	207.581.4000	207.581.3997	umaine.edu/auxservices/cutler
Orlina Boteva, Director International Programs	207.581.3433	207.581.2920	umaine.edu/international

Important Information for Travel Study Courses

The following information has been provided to summarize details related to the course that you are planning to lead. A **Travel Studies checklist** with relevant attachments is included in this packet of information to assist you in keeping track of your progress in meeting all course-leader responsibilities.

- Jessie Daniels should be your first contact for your proposed travel. He can be reached at 581-1615 or jessie.daniels@maine.edu.
- Prior to your travel request, please visit the U.S. Department of Treasury Office of Foreign Assets website to determine safe travel to foreign countries. Additionally, DLL must have all travel courses approved through the UMS Office of Risk Management.
- Travel Study courses are academic offerings and must meet the academic standards, approvals and policies that exist for all classes offered on campus. Faculty course leaders follow all departmental approval processes and guidelines in developing and leading a course, from the approval process to the final evaluation process. A Travel Course Fee Request Form must be completed and submitted for approval prior to students enrolling in your course. The course fee is a fee that you have determined to reflect the expenses of the trip and will be used to pay airfare (including travel insurance), accommodations, land transportation, etc. A copy is included in this packet.
- **A minimum of 12 student travellers accompanied by two course leaders is required for a class to be offered. If the number of students prepared to travel falls below 12 prior to your departure, DLL reserves the right to cancel the trip. Please note that your budget should *not* be based on fewer than 12 students.**
- A syllabus of the course is to be on file with Jessie Daniels in the Division of Lifelong Learning. The final itinerary and specific agenda for the course, complete budget, all emergency contact information, copies of passports, a departmental contact name as well as any other required information must be given to Jessie Daniels prior to expenditure of funds for any travel-related expenses. A Travel Advance must be completed, approved and be on file with the DLL staff.
- Once the flight schedule has been determined, it is preferred for all students to travel together. Any exception to this policy should be approved by the Division of Lifelong Learning.
- Budgets that have been prepared for your course must be followed as presented. All travel expenses are to be reported to DLL within five business days (APL #26) of your return. Travel study faculty must complete a Concur travel requisition for the course once expenses have been determined. This requisition will allow for cash advances if appropriate, and funds will be distributed 1-2 weeks prior to travel. Account numbers will be provided by DLL staff. All travel expenses are to be reported in Concur within 5 business days of your return. All receipts should be kept and must be attached to the travel expense report. Any unexpended travel advance funds should be returned to the University in accordance with Concur instructions. If a surplus in student course fees exists after all trip expenses have been covered, contact the DLL travel study office.
- Double check all plans and requirements related to any land transportation you plan to use—domestically or internationally. Be sure that you have met all legal requirements for drivers, followed all University requirements related to use of vehicles, and have arranged for adequate insurance coverage for any vehicles that will be used.
- Please plan and conduct pre-travel meetings with students so that plenty of time is available to thoroughly discuss all academic and conduct expectations related to the course, sign required forms, and gather all emergency information.
- Supply each student registered in your class with two copies of the enclosed Student Intent Form. These letters are to be signed, with the student keeping one copy and the other kept on file in the office of the DLL. Please note that the purpose of this letter is to impress on each student that he or she is personally responsible for any fees incurred should that student decide for any reason to cancel (if fees for airfare, hotel, entry fees, etc. have been paid on their behalf).
- Please let the staff of the DLL know immediately if you have any questions. Being as clear as possible about details and as specific as possible about expectations has allowed everyone to have positive experiences in these courses, and achieve easier solutions should challenges arise.

University of Maine Division of Lifelong Learning Travel Study Checklist

Use this checklist to keep track of your progress in obtaining the necessary approvals to offer a travel study course and it will also assist you in completing the necessary actions to ensure a safe and trouble-free experience for you and your students.

Semester and Year	
Course Number(s)	
Instructor(s)	
Travel Destination	
Last Offered	

Action	√	Contact	Phone Number
At Least Nine Months to a Year Prior to Travel			
Obtain DLL approval to offer course New Courses will need to be submitted/approved by UPCC on New Course Proposal Form (visit umaine.edu/upcc/forms for the most up to date version)		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
Read Important Information for Travel Studies Course			
Travel Course Fee Request Form Preparation Meet with DLL Travel Study to review budget and travel details		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
Provide copy of course syllabus and travel itinerary to DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
File office contact name with DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581-3595
Meet with Office of International Programs to obtain travel advice umaine.edu/international		Orlina Boteva	240 Estabrooke 581.3437
At Least Six Months Prior to Travel			
Finalize and submit Travel Course Fee Request Form with Unit Leader and Dean Signature to DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
File office contact name with DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
File Travel Course Hazard Review/Safety Management Plan with DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
Assumption of Responsibility for Non-Emergency Cost Overruns Form to DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
No Later than Three Months Prior to Travel			
Prepare Concur Travel Requisition		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
Confirm all travel reservations		Travel Agency or Concur	
Finalize travel itinerary and submit to DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
At Least One Month Prior to Travel			
File emergency numbers for all hotels with DLL		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
Required traveler forms for students and faculty: Student Intent Form Release and Assumption of Risk Form Traveler Emergency Contact Information and Health Insurance Form Passport copy		Jessie Daniels or Cindy Barnes	581.1615 or 581.3595
Within five days of return, submit Concur expense report (DLL staff available to assist with any questions, and to provide account numbers)		Concur	

University of Maine Division of Lifelong Learning Travel Study Budget Planning Form

This form is intended to assist faculty members in the financial planning portion of their course development process. The only funds the Division of Lifelong Learning has at its disposal to pay for travel expenses are derived from the course fees that are attached to the course. Please complete this form and make an appointment with Cindy Barnes, Financial Manager, and Jessie Daniels, Director of Operations, to review your projections. Please use this form to assist you in completing the Travel Course Fee Request Form.

	Per Student Cost	Per Faculty Cost
Transportation		
1) Airfare (include bus to airport)	_____	_____
2) Travel Insurance	_____	_____
3) Ground Transportation	_____	_____
Lodging		
1) _____	_____	_____
2) _____	_____	_____
Meals		
1) _____	_____	_____
2) _____	_____	_____
Other		
1) Entry fees (i.e., museums)	_____	_____
2) Honoraria/tips (local presenters)	_____	_____
3) Facilities (classrooms)	_____	_____
4) Supplies	_____	_____
5) Other	_____	_____
Total Expenses per student	_____	Total Expenses per faculty _____
Projected enrollments (min. 12)	x _____	Number of faculty _____
Student expenses	= _____	Total faculty expense _____
Total faculty expense	+ _____	

Projected Course Budget = _____

IMPORTANT

- A course must enroll a minimum of 12 students.
- University of Maine funds may not be used to pay for alcoholic beverages.
- Students may not break the travel itinerary and must return to Orono with the class unless prior permission obtained.
- The only funds available to use for travel expenses are those projected in your budget.

Division of Lifelong Learning Travel Study Course Fee Philosophy

Course fees are justified only when the costs associated with instruction clearly exceed what is reasonable and ordinary.

Some allowed expenses may be fully recouped through the course fee. These include:

1. The cost of printing and assembling a set of readings, a lab manual, a class workbook, or other such document that is distributed in its complete form at the beginning of the semester; (instructors should consider having such materials produced by Printing Services and sold through the University Bookstore rather than covering the expense through a course fee. No royalty payments to the instructor are allowed for unpublished materials printed for course use. The University of Maine supports full compliance with all copyright laws.)
2. Project, art, or photographic supplies used in the creation of a work that becomes the property of the student
3. Transportation (e.g., bus rental) and lodging associated with field trips
4. Professional models for art classes
5. Site-license fees for software use (providing its only use is for instruction)

Other allowed expenses may be partially recouped (usually at the rate of 50% or less) by course fees. These include:

1. One-on-one lessons (as in music performance course) – 75% maximum reimbursement rate.
2. Cost of routine laboratory and studio supplies (e.g., chemicals and other expendable materials)
3. Rental fees for special equipment not available on campus
4. Travel expense for guest speakers not affiliated with the University of Maine

Please use the Budget Planning Form to justify request for new fees or changes in existing fees.

Expenses that do not conform to the categories above may be eligible for recovery through course fees. Please consult the Senior Associate Provost for Academic Affairs.

UNIVERSITY OF MAINE **COURSE FEE REQUEST FORM**

*Please make sure all information is filled out and legible.

TERM: _____

(Please list each item or group of items in the categories below.)

Dept. ID: _____

Fund code: _____

Account #: _____

CLASS: _____

() NEW FEE

COURSE DESIGNATOR: _____ COURSE #: _____ SECTION: _____ () FEE REVISION

INSTRUCTOR _____ Current Fee (\$ _____)

LOCATION _____

UNIT LEADER APPROVAL _____ DATE SUBMITTED: _____

DEAN APPROVAL _____ DATE EFFECTIVE: _____

ALLOWED COST

TRANSPORTATION

1 _____

2 _____

3 _____

4 _____

LODGING

1 _____

2 _____

3 _____

4 _____

MEALS

1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

OTHER

1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

TOTAL ALLOWED COST _____
ANNUAL TOTAL ENROLLMENT _____
REQUESTED FEE PER STUDENT _____

LAST DATE TO DROP CLASS AND RECEIVE REFUND OF TRAVEL STUDY COURSE FEE _____

AMOUNT APPROVED _____

ASSOCIATE DEAN DLL APPROVAL _____ **DATE:** _____

ASSOC. PROVOST/DEAN DLL APPROVAL _____ **DATE:** _____

SR. ASSOC. PROVOST AA. APPROVAL _____ **DATE:** _____

Division of Lifelong Learning Travel Studies Program
Assumption of Responsibility for Non-Emergency Cost Overruns

In proposing _____ [name of course] for delivery through DLL in _____ [semester and year],
the College of _____ assumes responsibility for all non-emergency cost overruns, which include, but are not
limited to, the following:

- a. all overruns attributable to underestimated expenses in relation to the agreed-upon course budget
- b. all overruns attributable to discretionary expenses not stipulated in the agreed-upon course budget
- c. all overruns reflecting the failure of the sponsoring faculty to plan for non-emergency contingencies related to travel, accommodations, food, activities, and/or incidental costs.

Per an agreement among the Senior Vice President for Administration and Finance, the Executive Vice President for Academic Affairs and Provost, and the Associate Provost and Dean for the Division of Lifelong Learning, *emergency* cost overruns, defined narrowly as those attributable to vendor fraud, physical injury, political unrest, and/or "acts of God" (e.g., earthquakes, floods), will be assumed by Administration and Finance at the discretion of the Vice President.

Having reviewed this document and the accompanying Travel Study Course Fee Request form, I agree to the terms outlined above.

Dean's Signature: _____ Date: _____

**University of Maine Division of Lifelong Learning Travel Study
Student Intent Form**

Two copies of this letter are to be distributed to each student enrolled in a Travel Study Course. Both copies are to be signed, one for the student and one to be placed on file with the Division of Lifelong Learning Travel Study Office.

Travel Study Student Name: _____

Course Leader Name: _____

This letter is to confirm an understanding with you regarding your participation in the course:

Travel Study Course Fee: _____

As the course leader, I am responsible for setting the overall standards and policies for the course. These will be discussed with you in pre-travel meetings. In addition, all policies of the University of Maine as printed in official student publications apply to students who are traveling with the class, just as if the student was attending a course on campus. It is your responsibility to follow all guidelines presented.

Once you have officially registered for this Travel Study Course, the Bursar's Office will bill your account for the course tuition and the course fee. All standard policies related to drop and add procedures and deadlines apply to this course. **There is, however, an exception related to the travel study courses. Should you drop this course, you will be responsible for any fees that have been committed and/or expended on your behalf, which cannot be recovered. You will be responsible for any non-refundable expense incurred due to your cancellation. Refunds less than \$100 will not be reimbursed. Refund requests should be directed to the Division of Lifelong Learning Travel Study office for review.**

This letter is also to reiterate that it is your responsibility to behave at all times in a respectful way in regard to the culture and traditions of the host country or locale. You will be held to the published standards of behavior found in the UM student handbook.

As your course leader, I will collect emergency information from you prior to departure and it will be kept on file in the Division of Lifelong Learning Travel Study Office. Please provide a schedule and contact information to your family and friends. It is your responsibility to carry appropriate identification and insurance cards with you at all times. Previous travelers have lost or had stolen airline tickets, money and cameras. Please use every caution and be aware that you are solely responsible for all personal items. The University will not replace nor pay for lost or stolen items. All of these precautions are intended to avoid any difficulties and insure a positive educational experience.

Course Leader Signature: _____

Student Traveler Signature: _____

Date: _____

**University of Maine Division of Lifelong Learning Travel Study
Release and Assumption of Risk**

I, _____, of _____
(name) (address)

being ___years of age (having been born on _____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the _____, (the program) from _____, 20____ to _____, 20____, and in consideration of being permitted to participate in the program, do voluntarily execute this "Travel Abroad Release and Assumption of Risk" on behalf of my self, my heirs and next-of-kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope and demands of the program, and I understand that the program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death. *See below for specific risks and dangers of the program
3. That the University of Maine System, and its University of _____(hereinafter referred to as the "University"), has informed me that there may be dangers and hazards inherent to participants in the program because of the activities and travel involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the program and not as a direct result of any negligent act of the University, its trustees, faculty, employees, volunteers or agents.
4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact _____.
5. I acknowledge the following Medical Release: In traveling abroad, it may be difficult or impossible to secure medical care or consent thereto in a timely manner. Therefore, I authorize _____ and/or his/her designee to authorize any and all medical treatment deemed necessary in the event of my injury or illness. I acknowledge that I will be responsible for the payment of all fees, charges and other monetary items related to such treatment and/or care. I represent that I have obtained all health, accident and/or repatriation insurance I deem necessary. I further agree that I am responsible for my own medical needs during the trip or activity, that I will hold and appropriately use any over-the-counter or prescription drugs I may hold, purchase or otherwise deem necessary during the trip or activity. I acknowledge that the University, and the sponsors or directors of the program, are not responsible for my medical needs or any medical treatments of any kind.
6. I understand I will be provided with an itinerary and orientation materials by the program. I agree to carefully read those materials and attend any orientation sessions scheduled by the program.
7. I understand that the University and the program reserve the right to make cancellations, changes or substitutions to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes. Should the program be canceled or changed, refunds, if appropriate, will be made in accordance with University and program policies, unless the cancellation or change is due to political, natural, technological or other events beyond the University's and/or the program's control in which case only uncommitted and recoverable funds will be reimbursed to the participants.
8. I understand and agree that all students are subject to the University's and program policies and rules, including, but not limited to, the University of Maine System Student Code of Conduct, and the laws, rules and regulations of the jurisdiction in which the program is conducted. In the event of violation of any of the foregoing, or any other behavior which is detrimental to myself, other students, other persons, or to the program, the director of the program (or designee) shall have the right to dismiss me from the Program and related activities. Neither the University nor the program is responsible for the defense of a participant accused of violation of the laws, regulations, rules or customs of the jurisdiction in which the program is conducted, or for the payment of any bail, fines or other penalties resulting from such violations. If I am dismissed from the program, I will bear all responsibility and costs incurred to return home and will receive no refund.
9. I understand that the manufacture, distribution, possession, use or sale of controlled substances is defined by state and federal law, or the laws of the jurisdiction in which the program is conducted, and as such, is prohibited during travel, study and any program activities. Participant understands that he or she will be directly subject to the laws and legal procedures as applied to the use, possession and distribution of illegal drugs as enforced by local authorities.

**University of Maine Division of Lifelong Learning
Release and Assumption of Risk continued**

10. I understand that the University in no way represents, or acts as agent for any host institution, transportation carriers, hotels, and other suppliers of services or facilities connected with the program. I further understand and agree that the University, its governing board, officers, administrators, employees, and agents are:

A. Not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any host institution, or any company, institution or person engaged in providing facilities or performing any of the services involved in the Program

B. Not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes

C. Not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom

11. I acknowledge and agree to accept all responsibility for loss or additional expenses due to sickness, weather, strikes, or other unforeseen causes. I acknowledge and understand that the University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings, and that I have retained adequate insurance or have sufficient funds to replace such belonging and will hold the University harmless therefrom.

12. At all times during my travel with the program, I agree to be in possession of a valid United States of America passport, or, if not a U.S. citizen, a valid foreign passport or official travel document, and any visas or other immigration documents required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact and reach the group, obtain accommodations during periods of delayed departure from any location, or return home.

13. I understand that activities or independent travel conducted when I have free time before, during or after the program, shall be unsupervised by the University, its agents or employees. I agree the University, its agents and employees shall bear no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent activity or travel, and this release shall remain in full force and effect during such times.

14. I agree that in the event I become detached from the group or am unable to remain with the group for any reason not within the control of the University, I will bear all responsibility and costs incurred to seek out, contact and reach the group at its next available destination, or return home.

15. I understand that if I voluntarily leave the program for any reason, including, but not limited to, illness, I will be responsible for any and all costs associated with my return home and that there will only be a refund, if appropriate, in accordance with University and program policies.

16. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I DECLARE THAT I COMPLETELY UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE TERMS AND CONDITIONS OF THIS "TRAVEL ABROAD RELEASE AND ASSUMPTION OF RISK" BY HAVING READ IT, OR HAVING IT READ TO ME, BEFORE SIGNING AND I INTEND TO BE FULLY BOUND THEREBY.

Assented and agreed to on this ___day of _____, 20__.

Signature of Participant

I, _____, the parent or legal guardian of _____, agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Parent or Guardian Signature _____
(if participant under the age of 18 years)

**University of Maine Division of Lifelong Learning Travel Study
Traveler Emergency Contact Information**

Name: _____ MaineStreet ID #: _____
Gender: [] Male [] Female Date & Place of Birth: _____
Passport Number: _____ Passport Expiration Date: _____
Date & Place of Passport Issuance: _____

Please attach a copy of your passport to this form

Person to be notified in cast of an emergency:

Name: _____ Relationship to you*: _____
Address: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

* If this individual is not your parent/legal guardian, do we also have permission to contact your parent or legal guardian in case of an emergency?

YES NO (circle one)

Parent/Guardian Name: _____
Address: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____

Health Insurance Information

(This information will remain confidential and only be used in urgent or emergency situations.)

Health Insurance Provider: _____ Group Number: _____
Address: _____ Policy Number: _____
Phone: _____
Dates of Coverage: _____ to _____
Allergies: _____

List any medications you take on a regular basis: Are there any other health considerations the program needs to be aware of should you require emergency medical care? (e.g., previous hospitalization, history of family illness, treatment of a psychological condition, etc.). *Use reverse side if necessary.*

A copy of this form will be filed with the University of Maine Police Department prior to your departure.

**University of Maine Division of Lifelong Learning Travel Study
Hazard Review/Safety Management Plan**

As the Faculty Advisor/Trip Leader, you are responsible of the safety of your group. Proper planning and implementation will help you reduce the potential of an injury or illness for anyone in your group. The Hazard Review/Safety Management Plan is designed to assist you as you identify and develop solutions for potential risks prior to departure.

Although no single document or plan will address all logistical needs or the safety and health contingencies that might exist, the UMS endeavors to balance the value of participation in international activities against any potential risks to its students, faculty and staff, as well as the fiscal realities the University faces, and to ensure institutional compliance with applicable regulatory programs. The Hazard Review/Safety Management Plan requirement is one of the first steps in what will be an ongoing process as you develop your course.

General Description of Activities	
Course Leader:	Department:
Co-leader/Backup:	
Leaders phone number:	Leaders E-mail address:
Co-Leaders phone number:	Co-Leaders E-mail address:
Trip Type (Check One): <input type="checkbox"/> Academic <input type="checkbox"/> Service <input type="checkbox"/> Other	Course Number: # of Students: # of Faculty
Location:	Country(s):
Organizer(s):	College:
Dates for Trip:	Course/Event Title:
Briefly describe the course or event activity:	
General Itinerary	
List each city/location/country that requires overnight accommodations.	
Location(s) of course work:	Location(s) of course work:
Country:	Country:
City (nearest):	City (nearest):
Accommodations:	Accommodations:
Arrival date:	Arrival date:
Departure date:	Departure date:

Location(s) of course work: Country: City (nearest): Accommodations: Arrival date: Departure date:	Location(s) of course work: Country: City (nearest): Accommodations: Arrival date: Departure date:
Location(s) of course work: Country: City (nearest): Accommodations: Arrival date: Departure date:	Location(s) of course work: Country: City (nearest): Accommodations: Arrival date: Departure date:
Modes of transportation (vehicles/boats that are owned/leased/rented):	
Communication	
Team Leader:	Phone/email:
Team Leader:	Phone/email:
University Emergency Contact:	Phone/email:
Family Emergency Contact:	Phone/email:
What means of communication will be available during trip (equipment):	
Communication Plan (describe your protocol/schedule for maintaining contact with your university representative(s):	
Action Plan (describe your protocol/timeline for alerting authorities to begin medical rescue if the communication plan is not met):	
Travel Related Conditions (describe the travel related conditions that may be of concerns and the appropriate actions required to address each condition:	

Travel Group Membership

Please list the names of all members of the travel group. Include *a separate sheet if necessary*.
 Name/Cell Phone Number (if applicable on site) Add a satellite phone number, when applicable.

Name / Cell/Sat Phone Number	Designated Emergency Contact
Team Leader:	

Local Contacts

Local Contact:	Phone/email:
Nearest hospital:	Phone/location:
Emergency Services (police, fire, rescue):	Phone/radio:

Hazard/Risk Considerations

Check all of the items in Column A that apply to your trip. Column B provides a list of potential necessary equipment; procedures and tools that will help you prepare and experience a safe and successful trip. Check all that apply and purchase or prepare those items for your trip.

(Column A)

(Column B)

Work Related Hazards

- Animal handling
- Flying debris or impact (eyes)
- Impact or electrical contact (head)
- Excessive noise
- Cuts, abrasions (hands)
- Impact or compression (feet)
- Fall hazards
- Water hazards
- Low visibility hazards (hunting, road work, etc.)
- Electrical
- Fire hazards (welding, cutting)
- Other:

Personal Protective Equipment:

- Barriers for direct contact with animals
- Safety glasses/goggles/face shield
- Hard hat (with/without headlight)
- Hearing protection
- Gloves (as appropriate)
- Work boots (hiking, steel toe)
- Personal fall arrest system
- Floatation devices
- Fluorescent orange or reflectorized vests
- Flame-resistant or flame-retardant clothing
- Portable fire extinguisher
- Other:

Environmental Hazard:

- Excessive heat/sunlight
- Excessive cold
- Under water/diving (must be certified. See UMaine Dive Safety Program)
- Remote location
- Insects/Ticks/Spiders
- Other:

Clothing/Equipment/Provision:

- Light clothing, wide-brimmed hat, sunscreen
- Thermal clothing, blankets, etc.
- Wet suit
- Navigation Tools, Bivouac gear, etc.
- Insect repellent, appropriate clothing
- Other:

Personal Health:

- Medical conditions
- Allergies (food, plant, insect, etc.)
- Inadequate food source
- Inadequate drinking water source

Preparedness:

- Medications (taken on a regular basis)
- Allergy treatments (as needed)
- Adequate food supplies
- Water purification tablets or filter devices

Personal safety: <input type="checkbox"/> Lost Passport/Visa <input type="checkbox"/> Possible theft <input type="checkbox"/> Risk of crime <input type="checkbox"/> Being too “American” <input type="checkbox"/> Stolen electronic devices <input type="checkbox"/> Culture Differences <input type="checkbox"/> Lost Phone/Documentation	Preparedness: <input type="checkbox"/> Get plain cover, make copies <input type="checkbox"/> Traveler's checks, new, separate credit card <input type="checkbox"/> Locations of police, U.S. Embassy; be aware <input type="checkbox"/> Learn host culture; blend in <input type="checkbox"/> Back up data, bring clean cell phone, laptop <input type="checkbox"/> Follow student code of conduct <input type="checkbox"/> Have copies of key documents at home and with you.
Emergency: <input type="checkbox"/> Injury or medical emergency <input type="checkbox"/> Flat tire, out-of-gas, etc. <input type="checkbox"/> Night work, caving, etc. <input type="checkbox"/> Lost, trapped, stranded <input type="checkbox"/> Ice <input type="checkbox"/> Other:	Equipment/Provision: <input type="checkbox"/> First aid training, kit and field manual, International medical coverage <input type="checkbox"/> Vehicle emergency kit (spare tire, jack, flares) <input type="checkbox"/> Flashlight with extra batteries <input type="checkbox"/> Ability to signal (flares, mirror, light sticks, etc.) <input type="checkbox"/> Two-way radio and/or cellular phone <input type="checkbox"/> Flagging tape or entrance marker flag <input type="checkbox"/> Shovel, rakes, hand tools <input type="checkbox"/> Generator with sufficient fuel <input type="checkbox"/> Extra food, water, and clothing <input type="checkbox"/> Other:

Training Yes /No	Have all trip members completed the mandatory international-travel safety course. In addition, the course or program's faculty or sponsor must provide the traveler, in advance, with culture-specific information about the destination country or region.
Registration Yes /No	The course leader/sponsor has registered the trip on the online U.S. Department of State registration form: http://travel.state.gov/travel/tips/registration/registration_4789.html .
Registration Yes /No	The course leader/sponsor must register each trip 90 days in advance with UMS Risk Management http://www.maine.edu/about-the-system/system-office/facilities-management-and-general-services/risk-management-and-insurance/ and also with a contracted travel-management company (link to follow).
Medical Insurance Yes /No	Medical and accident insurance coverage has been confirmed. Can be accessed at www.inext.com https://www.internationalsos.com/en/medical-and-travel-assistance.htm .
Student Conduct Record Yes /No	Each student's record has been checked at the Conduct Office of Student Life.
Medical Requirements Yes /No	Check whether you are required any vaccines/medications prior to travel. http://travel.state.gov/content/passports/english/country.html
UMS International Travel Notification	Need info
International Driving Yes /No	If you will operate a vehicle abroad, you may need to obtain an International Driving Permit. http://travel.state.gov/content/passports/english/go/safety/driving.html

Trip Leader Name _____

Signature _____

Date _____

Co-Trip Leader Name _____

Signature _____

Date _____

Note: The final Risk and Safety Management Plan must be sent to the Dean/Director and all Trip Leaders.